

2005/2006

SCANNABLE FORMS SPECIFICATIONS

List of Scannable Forms:

| | |
|---------|---|
| G-45 | Periodic General Excise/Use Tax Return |
| G-49 | Annual Return & Reconciliation General Excise/Use Tax Return |
| HW-14 | Periodic Withholding Tax Return |
| N-11 | Individual Income Tax Return (Resident Filing Federal Return) |
| N-15 | Individual Income Tax Return (Nonresident and Part-Year Resident) |
| Sch. CR | Schedule of Tax Credits |

Note: Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document.

Forms listed on page 1 have been redesigned for scan and image processing. They will be entered into our system through IBML scanners then processed through character recognition software. Software developers who reproduce, develop, or distribute the scannable forms must create the forms so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the IBML scanners. Substitute scannable forms MUST meet the Department's requirements and be approved prior to release or distribution.

Scannable Common Form Layout

- The format and layout of each scannable form should match the grid exactly.
- Variable data fields require use of 12 pt Courier Font and exact placement.
- Open space around variable data fields should be adhered to as much as possible. Do not place any additional information in these areas.
- On forms requiring rounding (N-11, N-15, Schedule CR, columns a, b, c of Forms G-45 and G-49), amount fields must be rounded to the nearest dollar and appear as whole dollars, no commas.
- On forms not requiring rounding (HW-14, parts of Forms G-45 and G-49), amount fields must be printed with decimal points with 2 digits showing cents, no commas.
- If an amount is negative, place a bold X (**X**) (12 pt Courier Font) as indicated on Forms N-11, N-15, and Schedule CR. For Forms G-45 and G-49 insert the "X" in the fourth field to the right of the amount fields. For Form G-49, if there is a negative number for the "Sum of the lines in Column c above", enter the amount within parentheses.
NOTE: Not all amounts can have a negative field.
Text such as "fill in the oval" or "shade in the oval" can be removed.
- Tax periods, tax year ending, and taxpayer identification numbers (Social Security Number, Federal Identification Number and Hawaii Tax Identification Number) must be printed with correct spaces, slashes, and dashes as applicable.
- For "Office Use Only" area, boxes on Forms N-11 and N-15 can be printed in black but very thin. If the oval cannot be reproduced, a circle can be used
- Print your 2-digit Hawaii Vendor ID No following the "ID NO" label on the appropriate pages of the forms. (See 2006 Remittance Voucher Specifications, page 21 for your Hawaii Vendor ID No. If your company is not listed in the Vendor I.D. Number Table, please contact the Technical Section.)
- Each page contains a 1-D barcode. For more information see "Barcodes" on page 4.

Registration Marks

The scanning equipment looks for "L's", or registration marks, printed on each scannable form and require exact placement. The tolerance is 1mm (1/4 of a grid). The vertical and horizontal edges of the registration marks must be the same length of 8.5mm long and .5 mm thick. Placement of the registration marks is different on each form.

- G-45, Periodic General Excise/Use Tax Return
There are 4 registration marks on each page of the return.
Page 1
The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 18 of the grid. The middle right registration mark should rest on the middle of row 38 (38.5).
The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8 (8.5). The middle left mark should rest on the middle of row 34 (34.5). The bottom left mark should rest on the bottom of row 63.

Page 2

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 12 of the grid. The middle right registration mark should rest on the middle of row 38 (38.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8. The middle left mark should rest on the bottom of row 31. The bottom left mark should rest on the bottom of row 63.

- G-49, Annual Return & Reconciliation General Excise/Use Tax Return

There are 4 registration marks on each page of the return.

Page 1

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 18 of the grid. The middle right registration mark should rest on the middle of row 38 (38.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8. The middle left mark should rest on the bottom of row 34. The bottom left mark should rest on the bottom of row 63.

Page 2

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 11 of the grid. The middle right registration mark should rest on the middle of row 31 (31.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8. The middle left mark should rest on the bottom of row 29. The bottom left mark should rest on the bottom of row 63.

- HW-14, Periodic Withholding Tax Return

There are 4 registration marks.

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 18 of the grid. The middle right registration mark should rest on the middle of row 38 (38.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8. The middle left mark should rest on the middle of row 36 (36.5). The bottom left mark should rest on the bottom of row 63.

- N-11, Individual Income Tax Return (Resident Filing Federal Return)

There are 2 registration marks on each page of the return.

Page 1

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 13 (13.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 2

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 3

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 4

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

- N-15, Individual Income Tax Return (Nonresident and Part-Year Resident)

There are 2 registration marks on each page of the return

Page 1

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 19 (19.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 2

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 3

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 4

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

- Sch. CR, Schedule of Tax Credits

There are 2 registration marks on each page of the Schedule.

Page 1

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 16 of the grid. The bottom right registration mark should rest on the bottom of row 62.

Page 2

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 11 of the grid. The bottom right registration mark should rest on the bottom of row 53.

Barcodes

- Barcodes must use 3 of 9 (Code 39), 1D symbology.
- Height of the barcode is 1/2 inch and the length will vary. Density of narrow bar width is set to 100 (10ths of mils) or 10 mils or 0.01 inch with resolution set to 300 dpi.
- The barcodes include the form number, type, form year, and page number. At this time, we are not requiring the inclusion of the vendor number in the barcode.
Specific codes for processing are:

| <u>Form Name</u> | <u>Form Code</u> | <u>Print Form Code underneath barcode*</u> |
|------------------|------------------|--|
| HW-14 | HW14-E05-1 | No |
| G-45, page 1 | G45-E05-1 | No |
| G-45, page 2 | G45-E05-2 | No |
| G-49, page 1 | G49-E05-1 | No |
| G-49, page 2 | G49-E05-2 | No |
| N-11, page 1 | N11-E05-1 | Yes |
| N-11, page 2 | N11-E05-2 | Yes |
| N-11, page 3 | N11-E05-3 | Yes |
| N-11, page 4 | N11-E05-4 | Yes |
| N-15, page 1 | N15-E05-1 | Yes |
| N-15, page 2 | N15-E05-2 | Yes |

| | | |
|---------------------|-----------|-----|
| N-15, page 3 | N15-E05-3 | Yes |
| N-15, page 4 | N15-E05-4 | Yes |
| Schedule CR, page 1 | CR-E05-01 | Yes |
| Schedule CR, page 2 | CR-E05-02 | Yes |

*Note: Some forms do not require the Form Code to be printed underneath the barcode. If required, the form code must be printed in Courier 10pt font underneath the barcode.

- Each barcode should be placed in the upper left hand corner of the form. The barcode must be at least 1/2 inch from the top edge of the paper and at least 1/2 inch from the left edge of the paper. There must be at least a 1/4 inch minimum clearance (blank space) surrounding the barcode with the exception of the Form Code required to be printed underneath the barcode on the forms identified above.
- Use of the JPEG files of the barcodes for each scannable form is preferable. The JPEG files can be found at our software vendor website.

Legibility and Printing

- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable forms should not be submitted to the Department for processing.

Testing and Approval of Scannable Forms

- A minimum of 10 hardcopy test samples of each scannable form must be provided to ensure proper testing.
- The test samples must contain variable data showing different scenarios of variable data. All forms must contain multiple fields of data and be different. At least one sample must contain all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of each scannable form must be obtained from the Department **prior** to filing.

Contact

- Mail all samples and correspondence regarding scannable forms and related issues to:

State of Hawaii Department of Taxation
Technical Section
Attention: Alexis Shiohira, Forms Coordinator
830 Punchbowl Street, Room 126
Honolulu, HI 96813

Tax.Technical.Section@hawaii.gov

808-587-1577

808-587-1584 (Fax)

FORM HW-14
(FEV. 2005)

DO NOT WRITE IN THIS AREA

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HW14-E05-1

STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

Period Ending:

MM / YY

Hawaii Tax ID No.:

W12345678 - 12

Last 4-digits of FEIN or SSN:

1234

Name:

TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXX

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

TOTAL WAGES PAID
(include COLA)

123456789.12

TOTAL TAXES WITHHELD

123456789.12

FOR
LATE FILING
PENALTY
INTEREST

123456789.12

123456789.12

PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach your check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to Form HW-14. Write "HW", the filing period, and your Hawaii Tax ID No. on your check or money order. If you are NOT submitting a check with this return, please enter "0.00" here

123456789.12

I declare under the penalties set forth in section 231-35, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE

DATE

MM / DD / YYYY

TITLE

XX

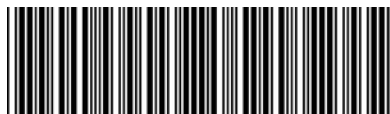
— MAILING ADDRESS —

HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

ID No 12

Form HW-14

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HW14-E05-1

STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

Period Ending: MM / YY
Hawaii Tax ID No.: W12345678 - 12
Last 4-digits of FEIN or SSN: 1234
Name: TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXX

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

| | |
|------------------------------------|--------------|
| TOTAL WAGES PAID (include COLA) | 123456789.12 |
| TOTAL TAXES WITHHELD | 123456789.12 |
| FOR LATE FILING ONLY | |
| PENALTY | 123456789.12 |
| INTEREST | 123456789.12 |

PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach your check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to Form HW-14. Write "HW", the filing period, and your Hawaii Tax I.D. No. on your check or money order. **If you are NOT submitting a check with this return, please enter "0.00" here**

123456789.12

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE

DATE

MM / DD / YYYY

TITLE

XX

— MAILING ADDRESS —

HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827
HONOLULU, HI 96812-3827

ID No 12

Form HW-14

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• ATTACH CHECK OR MONEY ORDER HERE •

GENERAL EXCISE/USE TAX RETURN

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | . | 1 | 2 |
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Form G-45, Page 2 of 2

Name: TAXPAYER 'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXX

Hawaii Tax I.D. No W 12345678 - 12 Period Ending MM / YY

Last 4 dgts of your FEIN or SSN 1234

BUSINESS ACTIVITIES

Column a
VALUES, GROSS PROCEEDS
OR GROSS INCOME

Column b
EXEMPTIONS/DEDUCTIONS
(Attach Schedule GE)

Column c
TAXABLE INCOME
(Column a minus Column b)

PART III - GENERAL EXCISE TAX @ other rate

Insurance Commissions 123456789 123456789 123456789 X

Multiply Column c by the tax rate X.0015

PART III -- TAXES 123456789.12

PART IV - TOTAL PERIODIC RETURN

TOTAL TAXES DUE

1. TOTAL TAXES DUE. Add Part I -- Taxes, Part II -- Taxes, and Part III -- Taxes.
if you did not have any activity for the period, enter "0.00" here. 1. 123456789.12 X

FOR LATE FILING ONLY →

PENALTY \$ 123456789.12

INTEREST \$ 123456789.12 2. 123456789.12

PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money
order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-45.
Write "GE", the filing period, and your Hawaii Tax I.D. No. on your check or money order.
if you are NOT submitting a check with this return, please enter "0.00" here. 3. 123456789.12

TOTAL PAYMENT AMOUNT

TOTAL EXEMPTIONS/DEDUCTIONS

4. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE)
if Schedule GE is not attached, exemptions/deductions claimed will be disallowed 4. 123456789

I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with
the provisions of the General Excise and Use Tax Laws and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE

TITLE

DATE

TITLE XXXXXXXXXXXXXXXXXXXXXXXXXX MM / DD / YYYY

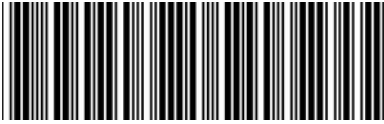
— MAILING ADDRESS —

HAWAII DEPARTMENT OF TAXATION

P.O. BOX 1425

HONOLULU, HI 96806-1425

ID No 12



GENERAL EXCISE/USE
TAX RETURN

☒ Month ☒ Quarter ☒ Semiannual

NAME:

TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX

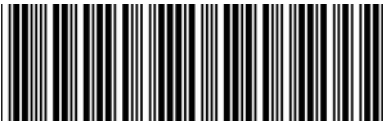
PERIOD ENDING MM / YY

HAWAII TAX I.D. NO. **W** 12345678 - 12

Last 4 digits of your FEIN or SSN 1234

| BUSINESS ACTIVITIES | Column a VALUES, GROSS PROCEEDS OR GROSS INCOME | Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE) | Column c TAXABLE INCOME (Column a minus Column b) | |
|---|---|---|---|-------------------------------------|
| PART I - GENERAL EXCISE and USE TAXES @ 1/2 OF 1% (.005) | | | | |
| Wholesaling | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Manufacturing | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Producing | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Wholesale Services | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Use Tax on Imports For Resale At 4% | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Sum of the lines in Column c above | | | 123456789 | PART I — TAXES |
| | | | X .005 = | 123456789.99 |
| PART II - GENERAL EXCISE and USE TAXES @ 4% (.04) | | | | |
| Retailing | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Services Including Professional | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Contracting | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Theater, Amusement and Broadcasting | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Interest | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Commissions | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Transient Accommodations Rentals | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Other Rentals | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| All Others | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Use Tax on Imports For Consumption | 123456789 | 123456789 | 123456789 | <input checked="" type="checkbox"/> |
| Sum of the lines in Column c above | | | 123456789 | PART II — TAXES |
| | | | X .04 = | 123456789.12 |

Name: TAXPAYER ' S NAME XXXXXXXXXXXXXXXXXXXXXXXXXX



Hawaii Tax I.D. No. W 12345678 - 12 Period Ending MM / YY
Last 4 digits of your FEIN or SSN 1234

| BUSINESS ACTIVITIES | Column a VALUES, GROSS PROCEEDS OR GROSS INCOME | Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE) | Column c TAXABLE INCOME (Column a minus Column b) | |
|--|---|---|---|---|
| PART III - GENERAL EXCISE TAX @ other rate | | | | |
| Insurance Commissions | 123456789 | 123456789 | 123456789 | x |
| | | Multiply Column c by the tax rate | X .0015 | |
| | | PART III — TAXES | 123456789.12 | |

PART IV - TOTAL PERIODIC RETURN

| | | | | | | |
|--|--|--|----|-----------------------------|--------------|---|
| 1. TOTAL TAXES DUE. Add Part I — Taxes, Part II — Taxes, and Part III — Taxes. If you did not have any activity for the period, enter "0.00" here. | | | 1. | TOTAL TAXES DUE | 123456789.12 | x |
| 2. FOR LATE FILING ONLY → | | | 2. | | 123456789.12 | |
| 3. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-45. Write "GE", the filing period, and your Hawaii Tax I.D. No. on your check or money order. If you are NOT submitting a check with this return, please enter "0.00" here. | | | 3. | TOTAL PAYMENT AMOUNT | 123456789.12 | |
| 4. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed. | | | 4. | TOTAL EXEMPTIONS/DEDUCTIONS | 123456789 | |

I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the provisions of the General Excise and Use Tax Laws and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

| | | |
|-----------|----------------------------------|----------------|
| SIGNATURE | TITLE | DATE |
| | TITLE XXXXXXXXXXXXXXXXXXXXXXXXXX | MM / DD / YYYY |

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 1425
HONOLULU, HI 96806-1425

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FORM G-49
(Rev. 2005)

STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

16

GENERAL EXCISE/USE TAX
ANNUAL RETURN &
RECONCILIATION

TAX YEAR ENDING MM / DD / YY

NAME:
TAXPAYER'S NAME

HAWAII TAX I.D. NO. W 12345678 - 12

Last 4 digits of your FEIN or SSN 1234

Column a
VALUES, GROSS PROFITS
OR GROSS INCOME

Column b
EXEMPTIONS/DEDUCTIONS
(Attach Schedule GE)

Column c
TAXABLE INCOME
(Column a minus Column b)

PART I — GENERAL EXCISE and USE TAXES @ 1/2 OF 1% (.005)

Wholesaling

123456789

123456789

123456789

X

Manufacturing

123456789

123456789

123456789

X

Producing

123456789

123456789

123456789

X

Wholesale Services

123456789

123456789

123456789

X

Use Tax on Imports
For Resale At 4%

123456789

123456789

123456789

X

Sum of the lines in Column c above

123456789

X .005 =

123456789.12

PART II — GENERAL EXCISE and USE TAXES @ 4% (.04)

Retailing

123456789

123456789

123456789

X

Services Including
Professional

123456789

123456789

123456789

X

Contracting

123456789

123456789

123456789

X

Theater, Amusement
and Broadcasting

123456789

123456789

123456789

X

Interest

123456789

123456789

123456789

X

Commissions

123456789

123456789

123456789

X

Transient Accommodations
Rentals

123456789

123456789

123456789

X

Other Rentals

123456789

123456789

123456789

X

All Others

123456789

123456789

123456789

X

Use Tax on Imports
For Consumption

123456789

123456789

123456789

X

Sum of the lines in Column c above

123456789

X .04 =

123456789.12

ATTACH CHECK OR MONEY ORDER HERE

FORM G-49

16

Form G-49 Page 2 of 2

Name: TAXPAYER 'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXX

Hawaii Tax I.D. No. W 12345678 - 12 Tax Year Ending MM / DD / YY

Last 4 digits of your FEIN or SSN 1234

BUSINESS ACTIVITIES

Column a

VALUES, GROSS PROCEEDS OR GROSS INCOME

EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)

Column b

TAXABLE INCOME (Column a minus Column b)

Column c

PART III - GENERAL EXCISE TAX @ other rate

Insurance Commissions 123456789 123456789 123456789 X

Multiply Column c by the tax rate X.0015

PART III - TAXES 123456789.12

PART IV - TOTAL RETURN AND RECONCILIATION

TOTAL TAXES DUE

1. TOTAL TAXES DUE. Add Part --- Taxes, Part I --- Taxes, and Part III --- Taxes. If you did not have any activity for the period, enter "0.00" here.

2. Amounts Assessed on Periodic Returns. PENALTY \$ 123456789.12 INTEREST \$ 123456789.12

3. TOTAL AMOUNT. Add lines 1 and 2.

4. TOTAL PAYMENTS MADE DURING THE YEAR.

5. CREDIT TO BE REFUNDED. Line 4 minus line 3.

6. ADDITIONAL TAXES DUE. Line 3 minus line 4.

7. FOR LATE FILING ONLY -> PENALTY \$ 123456789.12 INTEREST \$ 123456789.12

8. TOTAL AMOUNT DUE AND PAYABLE (Add lines 6 and 7).

9. PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-49. Write "GE", the filing period, and your Hawaii Tax I.D. No. on your check or money order. If you are NOT submitting a check with this return, please enter "0.00" here.

10. GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed.

TOTAL TAXES DUE 123456789.12 X

TOTAL PAYMENT AMOUNT 123456789.12

TOTAL EXEMPTIONS/DEDUCTIONS 123456789

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return, made in good faith for the tax period stated, pursuant to the General Excise and Use Tax Laws, and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE

TITLE XXXXXXXXXXXXXXXXXXXXXXXXXX

DATE MM / DD / YYYY

MAILING ADDRESS

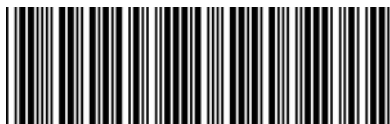
HAWAII DEPARTMENT OF TAXATION

P.O. BOX 1425

HONOLULU, HI 96806-1425

ID No 12

Form G-49 16



GENERAL EXCISE/USE TAX
ANNUAL RETURN &
RECONCILIATION

TAX YEAR ENDING MM / DD / YY

NAME:
TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXX

HAWAII TAX I.D. NO. W 12345678 - 12

Last 4 digits of your FEIN or SSN 1234

BUSINESS
ACTIVITIES

Column a
VALUES, GROSS PROCEEDS
OR GROSS INCOME

Column b
EXEMPTIONS/DEDUCTIONS
(Attach Schedule GE)

Column c
TAXABLE INCOME
(Column a minus Column b)

PART I - GENERAL EXCISE and USE TAXES @ 1/2 OF 1% (.005)

| | | | | |
|--|-----------|-----------|-----------|---|
| Wholesaling | 123456789 | 123456789 | 123456789 | X |
| Manufacturing | 123456789 | 123456789 | 123456789 | X |
| Producing | 123456789 | 123456789 | 123456789 | X |
| Wholesale Services | 123456789 | 123456789 | 123456789 | X |
| Use Tax on Imports For Resale At 4% | 123456789 | 123456789 | 123456789 | X |

PART I — TAXES

Sum of the lines in Column c above

123456789 X .005 =

123456789.12

PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)

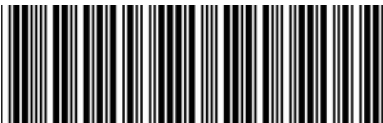
| | | | | |
|--|-----------|-----------|-----------|---|
| Retailing | 123456789 | 123456789 | 123456789 | X |
| Services Including Professional | 123456789 | 123456789 | 123456789 | X |
| Contracting | 123456789 | 123456789 | 123456789 | X |
| Theater, Amusement and Broadcasting | 123456789 | 123456789 | 123456789 | X |
| Interest | 123456789 | 123456789 | 123456789 | X |
| Commissions | 123456789 | 123456789 | 123456789 | X |
| Transient Accommodations Rentals | 123456789 | 123456789 | 123456789 | X |
| Other Rentals | 123456789 | 123456789 | 123456789 | X |
| All Others | 123456789 | 123456789 | 123456789 | X |
| Use Tax on Imports For Consumption | 123456789 | 123456789 | 123456789 | X |

PART II — TAXES

Sum of the lines in Column c above

123456789 X .04 =

123456789.12



Name: TAXPAYER ' S NAME XXXXXXXXXXXXXXXXXXXXXXXX
Hawaii Tax I.D. No. W 12345678 - 12 Tax Year Ending MM / DD / YY
Last 4 digits of your FEIN or SSN 1234

| BUSINESS ACTIVITIES | Column a VALUES, GROSS PROCEEDS OR GROSS INCOME | Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE) | Column c TAXABLE INCOME (Column a minus Column b) |
|------------------------|---|---|---|
|------------------------|---|---|---|

PART III - GENERAL EXCISE TAX @ other rate

| | | | | |
|-----------------------------------|-----------|-----------|--------------|---|
| Insurance Commissions | 123456789 | 123456789 | 123456789 | X |
| Multiply Column c by the tax rate | | | X .0015 | |
| PART III — TAXES | | | 123456789.12 | |

PART IV - TOTAL RETURN AND RECONCILIATION

| | | | | |
|---|--|---|--------------|---|
| 1. TOTAL TAXES DUE. Add Part I — Taxes, Part II — Taxes, and Part III — Taxes. If you did not have any activity for the period, enter "0.00" here. | | | 123456789.12 | X |
| 2. | Amounts Assessed on Periodic Returns. | PENALTY \$ 123456789.12 INTEREST \$ 123456789.12 | 123456789.12 | |
| 3. | TOTAL AMOUNT. Add lines 1 and 2. | | 123456789.12 | |
| 4. | TOTAL PAYMENTS MADE DURING THE YEAR. | | 123456789.12 | |
| 5. | CREDIT TO BE REFUNDED. Line 4 minus line 3. | | 123456789.12 | |
| 6. | ADDITIONAL TAXES DUE. Line 3 minus line 4. | | 123456789.12 | |
| 7. | FOR LATE FILING ONLY → | PENALTY \$ 123456789.12 INTEREST \$ 123456789.12 | 123456789.12 | |
| 8. | TOTAL AMOUNT DUE AND PAYABLE (Add lines 6 and 7). | | 123456789.12 | |
| 9. | PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach a check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars to Form G-49. Write "GE", the filing period, and your Hawaii Tax I.D. No. on your check or money order. If you are NOT submitting a check with this return, please enter "0.00" here. | | 123456789.12 | |
| 10. | GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS CLAIMED. (Attach Schedule GE) If Schedule GE is not attached, exemptions/deductions claimed will be disallowed. | | 123456789 | |

— DECLARATION —

I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the General Excise and Use Tax Laws, and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

| | |
|----------------------------|----------------|
| SIGNATURE | |
| TITLE | DATE |
| TITLE XXXXXXXXXXXXXXXXXXXX | MM / DD / YYYY |

— MAILING ADDRESS —

HAWAII DEPARTMENT OF TAXATION
P.O. BOX 1425
HONOLULU, HI 96806-1425

FORM
N-11
(Rev. 2005)

STATE OF HAWAII DEPARTMENT OF TAXATION
Individual Income Tax Return
RESIDENT FILING FEDERAL RETURN
Calendar Year 2005



N11-EC5-1

Use This Form Only If You Are Filing A Federal Tax Return For 2005.

FOR OFFICE USE ONLY ☐ PNT ☐ INT

Please Print in Black Ink, Enter One Letter Or Number in Each Box.
Fill in Ovals Completely. Do NOT Submit a Photocopy!!

Place label here

ATTACH COPY 2 OF FORM W-2 HERE

ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE

| | | |
|--|----------------|---------------------------------|
| Your First name TAXPAYER'S FIRST NAME | M.I. M.I. | Your Last Name LAST NAME |
| Spouse's First name SPOUSE'S FIRST NAME | M.I. M.I. | Spouse's Last name LAST NAME |
| CARE OF NAME FOR MAILING ADDRESS | | |
| Present mailing or home address (Number and street, including Rural Route) TAXPAYER'S MAILING OR HOME ADDRESS | | |
| City, town or post office. CITY, STATE | State STATE | ZIP code ZIP CODE |
| If Foreign address, enter Province and/or State FOREIGN ADDRESS | | Country COUNTRY |

IMPORTANT -- Complete this Section

| | |
|--|-----------------|
| Enter the first four letters of your last name. Use ALL CAPITAL letters | XXXX |
| Your Social Security Number | 123 - 45 - 6789 |
| Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters | XXXX |
| Spouse's Social Security Number | 123 - 45 - 6789 |

Fill in applicable oval, if appropriate

☒ First Time Filer ☒ Address or Name Change

(Fill in only ONE oval)

- | | |
|---|---|
| 1 <input checked="" type="checkbox"/> Single | 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. <u>QUALIFYING PERSON XXX</u> |
| 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income). | |
| 3 <input checked="" type="checkbox"/> Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. <u>MRS SPOUSE'S NAME</u> | 5 <input checked="" type="checkbox"/> Qualifying widow(er) with dependent child. Enter the year your spouse died <u>1234</u> |

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents') DO NOT fill in oval 6a, but be sure to fill in the oval above line 21.

| | | |
|---|--|--|
| 6a <input checked="" type="checkbox"/> Yourself | <input checked="" type="checkbox"/> Age 65 or over | } Enter the number of ovals filled on 6a and 6b <u>1</u> |
| 6b <input checked="" type="checkbox"/> Spouse | <input checked="" type="checkbox"/> Age 65 or over | |
| If you filled ovals 3 and 6b above, see the instructions on page 9 and if your spouse meets the qualifications, fill in this oval <input checked="" type="checkbox"/> | | |
| 6c Enter the number of your dependent children listed on federal return | 6c | 12 |
| 6d Enter the number of other dependents listed on federal return | 6d | 12 |
| 6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above | 6e | 12 |

If amount is negative (loss), shade the minus (-) in box. Example: ☐ ROUND TO THE NEAREST DOLLAR

| | | |
|--|----|---|
| 7 Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ | 7 | <input checked="" type="checkbox"/> 123456789 |
| 8 Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions) | 8 | 123456789 |
| 9 Interest on out-of-state bonds (including municipal bonds) | 9 | 123456789 |
| 10 Other Hawaii additions to federal AGI (see page 11 of the Instructions) | 10 | 123456789 |
| 11 Add lines 8 through 10 | 11 | 123456789 |
| Total Hawaii additions to federal AGI | 11 | |
| 12 Add lines 7 and 11 | 12 | <input checked="" type="checkbox"/> 123456789 |

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

N11-E05-2

13 Pensions taxed federally but not taxed by Hawaii 13

123456789

14 Social security benefits taxed on federal return 14

123456789

15 First \$2,594 of military reserve or Hawaii national

guard duty pay 15

123456789

16 Payments to an individual housing account 16

123456789

17 Exceptional trees deduction (attach affidavit)

(see page 14 of the Instructions) 17

123456789

18 Other Hawaii subtractions from federal AGI

(see page 14 of the Instructions) 18

123456789

19 Add lines 13 through 18

..... Total Hawaii subtractions from federal AGI 19

123456789

20 Line 12 minus line 19

Hawaii AGI > 200

X

123456789

CAUTION: If you can be claimed as a dependent on another person's return, fill in this oval ☒ and see the Instructions on page 15.

21 If you do not itemize your deductions, go to line 22 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.

21a Medical and dental expenses

(from Worksheet A-1) 21a

123456789

21b Taxes (from Worksheet A-2) 21b

123456789

21c Interest expense (from Worksheet A-3) 21c

123456789

21d Contributions (from Worksheet A-4) 21d

123456789

21e Casualty and theft losses (from Worksheet A-5) 21e

123456789

21f Miscellaneous deductions (from Worksheet A-6) 21f

123456789

22

Enter
the
larger
of
your

}

Itemized Deductions -- If line 20 is more than \$100,000 (\$50,000 for married filing separately) see the worksheet on page 29 of the Instructions. If not, add lines 21a through 21f. OR

Standard Deduction shown below for your filing status.

Single -- \$1,500

Head of household -- \$1,350

Married filing jointly or Qualifying widow(er) -- \$1,900

Married filing separately -- \$950

22

123456789

23 Line 20 minus line 22. (This line MUST be filled in) 23

X

123456789

24 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s)

☒ Yourself ☒ Spouse and see page 20 of the Instructions 24

123456789

25 Taxable Income. Line 23 minus line 24 (but not less than zero) Taxable Income > 250

123456789

26 Tax. Fill in oval if from ☒ Tax Table; ☒ Tax Rate Schedule; ☒ Form N-163; ☒ Form N-615; or ☒ Capital Gains Tax Worksheet on page 29 of the Instructions. Enter the net capital gain from the Capital Gains Tax Worksheet, line 14. 26a

123456789

☒ Include separate tax from Forms N-2, N-103, N-152, N-312, N-316, N-405, N-586 or N-814' Tax > 260

123456789

ID No 12

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

N11-E05-3

27 Amount from line 26 (Tax) 27 123456789

28 Total nonrefundable tax credits (attach Schedule CR) 28 123456789

29 Line 27 minus line 28 (but not less than zero) Balance ▶ 29 123456789

30 Hawaii State Income tax withheld and tax withheld
on IHA distribution 30● 123456789

31 2005 estimated tax payments 31● 123456789

32 Amount of estimated tax applied from 2004 return 32● 123456789

33 Amount paid with extension(s) 33● 123456789

34 Low-Income Refundable Tax Credit
(attach Schedule X) DHS, etc. exemptions 12 34● 12345678935 Credit for Low-Income Household
Renters (attach Schedule X) 35● 12345678936 Credit for Child and Dependent
Care Expenses (attach Schedule X) 36● 12345678937 Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice) 37● 12345678938 Total refundable tax credits from
Schedule CR (attach Schedule CR) 38 X 123456789

39 Add lines 30 through 38 Total Payments and Credits ▶ 39● X 123456789

40 If line 39 is larger than line 29, enter the amount OVERPAID (line 39 minus line 29) 40● 123456789

41 Amount of line 40 to be applied to your
2006 ESTIMATED TAX 41● 123456789

42 Line 40 minus line 41 42● 123456789

43 Contributions to (See instructions): Yourself Spouse

43a Hawaii Schools Repairs and Maintenance Fund ● X \$2 ● X \$2

43b Hawaii Public Libraries Fund ● X \$2 ● X \$2

43c Domestic Violence / Child Abuse and Neglect Funds ● X \$5 ● X \$5

44 Add the amounts relating to the filled ovals on lines 43a through 43c and enter here 44 123456789

45a Amount to be REFUNDED TO YOU (line 42 minus line 44).
If filing late, see page 26 of Instructions 45a● 123456789

b Routing number 123456789 c Type: X Checking X Savings

d Account number 12345678912345678

46 AMOUNT YOU OWE (line 29 minus line 39). Send Form N-200V with your payment. ... 46● 123456789

47 Estimated tax penalty. (See page 27 of
instructions.) Do not include on line 40 or 46. Fill in
this oval if Form N-210 is attached ▶ ● X 47● 123456789

48 If you don't need Hawaii income tax forms mailed to you next year, fill in this oval to receive a preprinted label only X

ID No 12

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

N11-E05-4

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

- 49 Did you file a federal Schedule C? ☒ Yes ☒ No If yes, enter Hawaii gross receipts 123456789, your Hawaii Tax I.D. Number for this activity W 12345678, 12, and main business activity/product: ActivityXXXXXXXXX / ProductXXX
- 50 Did you file a federal Schedule E? ☒ Yes ☒ No If yes, enter Hawaii gross rents received 123456789 and your Hawaii Tax I.D. Number for this activity W 12345678, 12
- 51 Did you file a federal Schedule F? ☒ Yes ☒ No If yes, enter Hawaii gross receipts 123456789, your Hawaii Tax I.D. Number for this activity W 12345678, 12, and main business activity/product: ActivityXXXXXXXXX / ProductXXX

If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 44 of the instructions.

123-123-4567

Designee's name ► DESIGNEE'S NAMEXXX Phone no. ► Identification number ► 123456789

HAWAII ELECTION CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund?

☒ Yes☒ No

Note: Filling in the "Yes" oval will not increase your tax or reduce your refund.

If joint return, does your spouse want \$2 to go to the fund?

☒ Yes☒ No

DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or state returns) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

Your signature

Date

Your occupation

Daytime Phone Number

MM/DD/YYYY TAXPAYER'S OCCXXX (123)123-4567

Spouse's signature (if filing jointly, BOTH must sign)

Date

Spouse's occupation

MM/DD/YYYY SPOUSE'S OCCXXXXX

Preparer's

Date

Check if self-employed ☒

Preparer's identification number

Signature ►

MM/DD/YYYY

P12345678

Paid

Preparer's Information

Print

Preparer's Name ►

PREPARER'S NAMEXXXXXXXXXXXXXXXXX

Federal E.I. No. ►

12-3456789

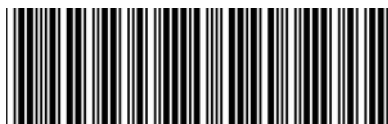
Firm's name (or yours if self-employed), Address, and ZIP Code

FIRMS' NAMEXXXXXXXXXXXXXXXXX

Phone No. ► 123-123-4567

FIRM'S ADDRESS AND ZIP CODE

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
RESIDENT FILING FEDERAL RETURN
Calendar Year **2005**



N11-E05-1

Use This Form Only If You Are Filing A Federal Tax Return For 2005.

FOR OFFICE USE ONLY ☐ PNT ☐ INT

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Please Print In Black Ink, Enter One Letter Or Number In Each Box.
Fill In Ovals Completely. Do NOT Submit a Photocopy!!

Place label here ↓

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE •

| | | |
|--|--------------|---------------------------------------|
| Your First name TAXPAYER'S FIRST NAME, | M.I. M.I. | Your Last Name LAST NAMEXXXX |
| Spouse's First name SPOUSE'S FIRST NAME, | M.I. M.I. | Spouse's Last name LAST NAMEXXXXXX |
| Care Of (See Instructions, page 7.) CARE OF NAME FOR MAILING ADDRESSXXXXXXXXXX | | |
| Present mailing or home address (Number and street, including Rural Route) TAXPAYER'S MAILING OR HOME ADDRESSXXXXXXXXXX | | |
| City, town or post office. CITY, STATE XXXXXXXXXXXXX | State XXX | ZIP code ZIP CODE |
| If Foreign address, enter Province and/or State FOREIGN ADDRESSXXXXXXXXXX | | Country COUNTRYXXXXXX |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXX | | XXXXXXXXXXXXXX |

♦ IMPORTANT — Complete this Section ♦

Enter the first four letters of your last name. Use **ALL CAPITAL** letters XXXX

Your Social Security Number 123 - 45 - 6789

Enter the first four letters of your Spouse's last name. Use **ALL CAPITAL** letters XXXX

Spouse's Social Security Number 123 - 45 - 6789

Fill In applicable oval, if appropriate

☒ First Time Filer ☒ Address or Name Change

(Fill in only ONE oval)

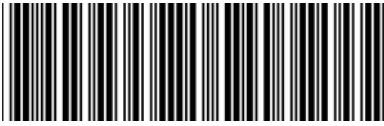
- | | |
|---|--|
| 1 <input checked="" type="checkbox"/> Single | 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. <u>QUALIFYING PERSON XXX</u> <input type="text"/> |
| 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income). | |
| 3 <input checked="" type="checkbox"/> Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. <u>MFS SPOUSE'S NAMEXXXXXXXXXX</u> | 5 <input checked="" type="checkbox"/> Qualifying widow(er) with dependent child. Enter the year your spouse died • 1234 |

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), **DO NOT** fill in oval 6a, but be sure to fill in the oval above line 21.

| | | |
|---|---|--|
| 6a <input checked="" type="checkbox"/> Yourself..... | <input checked="" type="checkbox"/> Age 65 or over..... | } Enter the number of ovals filled on 6a and 6b..... 1 |
| 6b <input checked="" type="checkbox"/> Spouse..... | <input checked="" type="checkbox"/> Age 65 or over..... | |
| If you filled ovals 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, fill in this oval <input checked="" type="checkbox"/> | | |
| 6c Enter the number of your dependent children listed on federal return | 6c | 12 |
| 6d Enter the number of other dependents listed on federal return | 6d | 12 |
| 6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above..... | 6e | 12 |

If amount is negative (loss), shade the minus (-) in box. Example: ROUND TO THE NEAREST DOLLAR

| | | |
|---|----|---|
| 7 Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ..... | 7 | <input checked="" type="checkbox"/> 123456789 |
| 8 Difference in state/federal wages due to COLA, ERS, etc. (see page 11 of the Instructions)..... | 8 | 123456789 |
| 9 Interest on out-of-state bonds (including municipal bonds) | 9 | 123456789 |
| 10 Other Hawaii additions to federal AGI (see page 11 of the Instructions)..... | 10 | 123456789 |
| 11 Add lines 8 through 10 | 11 | 123456789 |
|Total Hawaii additions to federal AGI | 11 | |
| 12 Add lines 7 and 11..... | 12 | <input checked="" type="checkbox"/> 123456789 |



Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

N11-E05-2

| | | | |
|----|---|------------------|-------------|
| 13 | Pensions taxed federally but not taxed by Hawaii..... | 13 | 123456789 |
| 14 | Social security benefits taxed on federal return | 14 | 123456789 |
| 15 | First \$2,594 of military reserve or Hawaii national guard duty pay | 15● | 123456789 |
| 16 | Payments to an individual housing account | 16● | 123456789 |
| 17 | Exceptional trees deduction (attach affidavit) (see page 14 of the Instructions)..... | 17● | 123456789 |
| 18 | Other Hawaii subtractions from federal AGI (see page 14 of the Instructions)..... | 18 | 123456789 |
| 19 | Add lines 13 through 18 | | 123456789 |
| |Total Hawaii subtractions from federal AGI | 19● | 123456789 |
| 20 | Line 12 minus line 19..... | Hawaii AGI ► 20● | X 123456789 |

CAUTION: If you can be claimed as a dependent on another person's return, fill in this oval ☒ and see the Instructions on page 15.

| | | | |
|-----|--|------|-----------|
| 21 | If you do not itemize your deductions, go to line 22 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here. | | |
| 21a | Medical and dental expenses (from Worksheet A-1)..... | 21a● | 123456789 |
| 21b | Taxes (from Worksheet A-2) | 21b● | 123456789 |
| 21c | Interest expense (from Worksheet A-3) | 21c● | 123456789 |
| 21d | Contributions (from Worksheet A-4)..... | 21d● | 123456789 |
| 21e | Casualty and theft losses (from Worksheet A-5)..... | 21e● | 123456789 |
| 21f | Miscellaneous deductions (from Worksheet A-6)..... | 21f● | 123456789 |

| | | | | |
|----|-----------------------------|---|-----|-----------|
| 22 | Enter the larger of your: } | Itemized Deductions — If line 20 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 29 of the Instructions. If not, add lines 21a through 21f. OR | 22● | 123456789 |
| | | Standard Deduction shown below for your filing status. | | |
| | | Single — \$1,500 Head of household — \$1,650 | | |
| | | Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950 | | |

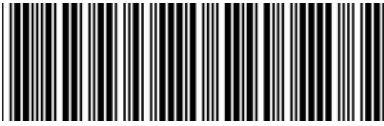
| | | | |
|----|--|-----|-------------|
| 23 | Line 20 minus line 22. (This line MUST be filled in) | 23● | X 123456789 |
|----|--|-----|-------------|

| | | | |
|----|---|-----|-----------|
| 24 | Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s) | | |
| | <input checked="" type="radio"/> Yourself <input checked="" type="radio"/> Spouse, and see page 20 of the Instructions..... | 24● | 123456789 |

| | | | |
|----|---|----------------------|-----------|
| 25 | Taxable Income. Line 23 minus line 24 (but not less than zero) | Taxable Income ► 25● | 123456789 |
|----|---|----------------------|-----------|

| | | | |
|----|--|-----------|-----------|
| 26 | Tax. Fill in oval if from <input checked="" type="radio"/> Tax Table; <input checked="" type="radio"/> Tax Rate Schedule; <input checked="" type="radio"/> Form N-168; <input checked="" type="radio"/> Form N-615; or <input checked="" type="radio"/> Capital Gains Tax Worksheet on page 29 of the Instructions. Enter the net capital gain from the Capital Gains Tax Worksheet, line 14..... | 26a● | 123456789 |
| | <input checked="" type="radio"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-405, N-586, or N-814) | Tax ► 26● | 123456789 |

ID No 12



Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

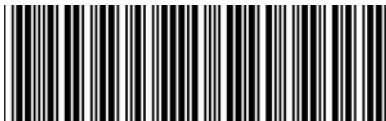
Name(s) as shown on return

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

N11-E05-3

| | | | |
|-----|---|----------------------------------|-------------|
| 27 | Amount from line 26 (Tax)..... | 27 | 123456789 |
| 28 | Total nonrefundable tax credits (attach Schedule CR)..... | 28 | 123456789 |
| 29 | Line 27 minus line 28 (but not less than zero)..... | Balance ► 29 | 123456789 |
| 30 | Hawaii State Income tax withheld and tax withheld on IHA distribution..... | 30● | 123456789 |
| 31 | 2005 estimated tax payments | 31● | 123456789 |
| 32 | Amount of estimated tax applied from 2004 return | 32● | 123456789 |
| 33 | Amount paid with extension(s) | 33● | 123456789 |
| 34 | Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions ● 12 .. | 34● | 123456789 |
| 35 | Credit for Low-Income Household Renters (attach Schedule X) | 35● | 123456789 |
| 36 | Credit for Child and Dependent Care Expenses (attach Schedule X) | 36● | 123456789 |
| 37 | Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) | 37● | 123456789 |
| 38 | Total refundable tax credits from Schedule CR (attach Schedule CR)..... | 38 X | 123456789 |
| 39 | Add lines 30 through 38..... | Total Payments and Credits ► 39● | X 123456789 |
| 40 | If line 39 is larger than line 29, enter the amount OVERPAID (line 39 minus line 29) | 40● | 123456789 |
| 41 | Amount of line 40 to be applied to your 2006 ESTIMATED TAX | 41● | 123456789 |
| 42 | Line 40 minus line 41 | 42● | 123456789 |
| 43 | Contributions to (See Instructions): | Yourself Spouse | |
| 43a | Hawaii Schools Repairs and Maintenance Fund..... | ● X \$2 ● X \$2 | |
| 43b | Hawaii Public Libraries Fund..... | ● X \$2 ● X \$2 | |
| 43c | Domestic Violence / Child Abuse and Neglect Funds.... | ● X \$5 ● X \$5 | |
| 44 | Add the amounts relating to the filled ovals on lines 43a through 43c and enter here..... | 44 | 123456789 |
| 45a | Amount to be REFUNDED TO YOU (line 42 minus line 44). If filing late, see page 26 of Instructions | 45a● | 123456789 |
| | b Routing number ● 123456789 | c Type: ● X Checking ● X Savings | |
| | d Account number ● 12345678912345678 | | |
| 46 | AMOUNT YOU OWE (line 29 minus line 39). Send Form N-200V with your payment.... | 46● | 123456789 |
| 47 | Estimated tax penalty. (See page 27 of Instructions.) Do not include on line 40 or 46. Fill in this oval if Form N-210 is attached ► ● X | 47● | 123456789 |
| 48 | If you don't need Hawaii income tax forms mailed to you next year, fill in this oval to receive a preprinted label only. | ● X | |

ID No 12



Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s) as shown on return

N11-E05-4

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

- 49 Did you file a federal Schedule C? ☒ Yes ☒ No If yes, enter Hawaii gross receipts 123456789, your Hawaii Tax I.D. Number for this activity W 12345678 - 12, and main business activity/product: ActivityXXXXXXXXXX/ ProductXXX
- 50 Did you file a federal Schedule E? ☒ Yes ☒ No If yes, enter Hawaii gross rents received 123456789 and your Hawaii Tax I.D. Number for this activity W 12345678 - 12
- 51 Did you file a federal Schedule F? ☒ Yes ☒ No If yes, enter Hawaii gross receipts 123456789, your Hawaii Tax I.D. Number for this activity W 12345678 - 12, and main business activity/product: ActivityXXXXXXXXXX/ ProductXXX

DESIGNEE

If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 44 of the Instructions.

123-123-4567

Designee's name ► DESIGNEE'S NAMEXXX Phone no. ► Identification number ► 123456789

HAWAII ELECTION CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund?

☒

Yes

☒

No

If joint return, does your spouse want \$2 to go to the fund?

☒

Yes

☒

No

Note: Filling in the "Yes" oval will not increase your tax or reduce your refund.

DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

Your signature

Date

Your occupation

Daytime Phone Number

MM/DD/YYYY

TAXPAYER'S OCCXXX

(123)123-4567

Spouse's signature (if filing jointly, BOTH must sign)

Date

Spouse's occupation

MM/DD/YYYY

SPOUSE'S OCCXXXXXX

PLEASE SIGN HERE

Paid Preparer's Information

Preparer's Signature ►

Date

Check if self-employed ☒

Preparer's identification number

MM/DD/YYYY

P12345678

Print

Preparer's Name ► PREPARER'S NAMEXXXXXXXXXXXXXXXXXX

Federal E.I. No. ► 12-3456789

Firm's name (or yours if self-employed), Address, and ZIP Code

FIRMS' NAMEXXXXXXXXXXXXXXXXXX

Phone No. ► 123-123-4567

FIRM'S ADDRESS AND ZIP CODE

FORM
N-15
(Rev. 2005)

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
NONRESIDENT and PART-YEAR RESIDENT
Calendar Year 2005
OR



N15-E05-1

Tax Year MM / DD / YY thru MM / DD / YY

FOR OFFICE USE ONLY PNT INT

Please Print in Black Ink, Enter One Letter Or Number In Each Box.
Fill In Ovals Completely. Do NOT Submit a Photocopy!!

► Fill in the applicable oval(s): ☐ Part-Year Resident ☒ Nonresident ☒ Nonresident or Dual-Status Alien

Your First name M.I. Your Last Name
TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

Spouse's First name M.I. Spouse's Last name
SPOUSE'S FIRST NAME, M.I. LAST NAMEXXXXX

Care Of (See Instructions, page 7.)
CARE OF NAME FOR MAILING ADDRESSXXXXXXXXXX

Present mailing or home address (Number and street, including Rural Route)
TAXPAYER'S MAILING OR HOME ADDRESSXXXXXX

City, town or post office. State ZIP code
CITY, STATE XXXXXXXXXXXXXXXX ZIP CODE

If foreign address, enter Province and/or State Country
FOREIGN ADDRESSXXXXXXXXXXXXX COUNTRYXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

◆ IMPORTANT — Complete this Section ◆
Enter the first four letters
of your last name. XXXX
Use ALL CAPITAL letters

Your Social Security Number 123 - 45 - 6789

Enter the first four letters
of your Spouse's last name. XXXX
Use ALL CAPITAL letters

Spouse's Social Security Number 123 - 45 - 6789

Fill in applicable oval, if appropriate

☒ First Time Filer ☒ Address or Name Change

ATTACH A COPY OF YOUR 2005 FEDERAL INCOME TAX RETURN

(Fill in only ONE oval)

- 1 ☒ Single
- 2 ☒ Married filing joint return (even if only one had income).
- 3 ☒ Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. ☐ MFS SPOUSE'S NAMEXXXXXXXXXX
- 4 ☒ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. ☐ QUALIFYING PERSON XXX ☐
- 5 ☒ Qualifying widow(er) with dependent child. Enter the year your spouse died. ☐ YYYY

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT fill in oval 6a, but be sure to fill in the oval below line 37.

6a ☒ Yourself ☒ Age 65 or over

6b ☒ Spouse ☒ Age 65 or over

Enter the number of ovals filled on 6a and 6b

If you filled ovals 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, fill in this oval ☒

| 6c and 6d | Dependents: 1. First and last name | If more than 6 dependents use attachment | 2. Dependent's social security number | 3. Relationship | Enter number of your children listed ... 6c | Enter number of other dependents 6d |
|-----------|---------------------------------------|---|--|-----------------|--|--|
| 1 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | 12 | 12 |
| 2 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | | |
| 3 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | | |
| 4 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | | |
| 5 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | | |
| 6 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | | |

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above.

ID No 12

FORM N-15

Form N-15 (Rev. 2005) Page 2 of 4

Your Social Security Number 123 - 45 - 6789 Your Spouse's SSN 123 - 45 - 6789

Name(s) TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

N15-E05-2

If amount is negative (loss), shade the minus (-) in box. Example: ☒

| | Col. A - Total Income | | Col. B - Hawaii Income |
|--|---|-------------------------------------|------------------------|
| 7 Wages, salaries, tips, etc. (attach Form(s) W-2) | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 8 Interest income from the worksheet on page 37 of the Instructions | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 9 Ordinary dividends | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 10 State income tax refund from the worksheet on page 37 of the Instructions | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 11 Alimony received | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 12 Business or farm income or (loss) | <input checked="" type="checkbox"/> 123456789 <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 123456789 |
| 13 Capital gain or (loss) from the worksheet on page 37 of the Instructions | <input checked="" type="checkbox"/> 123456789 <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 123456789 |
| 14 Supplemental gains or (losses) (attach Schedule D-1) | <input checked="" type="checkbox"/> 123456789 <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 123456789 |
| 15 IRA distributions | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 16 Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-12/N-15/N-40) | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 17 Rents, royalties, partnerships, estates, trusts, etc. | <input checked="" type="checkbox"/> 123456789 <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 123456789 |
| 18 Unemployment compensation (insurance) | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 19 Other income (state nature and source) STATE NATURE OF OTHER INCOME XXXXXXXXXXXXXXXX | <input checked="" type="checkbox"/> 123456789 <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 123456789 |
| 20 Add lines 7 through 19 Total Income ▶ | <input checked="" type="checkbox"/> 123456789 <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 123456789 |
| 21 Educator expenses | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 22 Certain business expenses of reservists, performing artists, and fee-basis government officials | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 23 IRA deduction | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 24 Student loan interest deduction from the worksheet on page 41 of the Instructions | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 25 Health savings account deduction | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 26 Moving expenses (attach Form N-139) | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 27 One-half of self-employment tax | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 28 Self-employed health insurance deduction | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 29 Self-employed SEP, SIMPLE, and qualified plans | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 30 Penalty on early withdrawal of savings | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 31 Alimony paid (Enter name and SS No. of recipient) NAME OF ALIMONY RECIPIENT 123-45-6789 | 123456789 <input checked="" type="checkbox"/> | | 123456789 |
| 32 Payments to an individual housing account | 123456789 <input checked="" type="checkbox"/> | | 123456789 |

FORM N-15

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s)

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

N15-EU5-3

| | | | | |
|------------|--|---|------------|---|
| 33 | First \$2,594 of military reserve or Hawaii national guard duty pay..... | 123456789 | 33 | 123456789 |
| 34 | Exceptional trees deduction (attach affidavit) (see page 19 of the Instructions)..... | 123456789 | 34 | 123456789 |
| 35 | Add lines 21 through 34..... Total Adjustments ▶ | 123456789 | 35 | 123456789 |
| 36 | Line 20 minus line 35..... Adjusted Gross Income ▶ | <input checked="" type="checkbox"/> 123456789 | 36 | <input checked="" type="checkbox"/> 123456789 |
| 37 | Ratio of Hawaii AGI to Total AGI. Divide line 36, Column B, by line 36, Column A (Compute to 3 decimal places and round to 2 decimal places) | | 37 | 1.12 |
| | CAUTION: If you can be claimed as a dependent on another person's return, fill in this oval <input checked="" type="checkbox"/> and see the Instructions on page 19. | | | |
| 38 | If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 19 of the Instructions and enter your Hawaii itemized deductions here. | | | |
| 38a | Medical and dental expenses (from Worksheet NR-1 or PY-1) | 123456789 | 38a | |
| 38b | Taxes (from Worksheet NR-2 or PY-2) | 123456789 | 38b | |
| 38c | Interest expense (from Worksheet NR-3 or PY-3) | 123456789 | 38c | |
| 38d | Contributions (from Worksheet NR-4 or PY-4) | 123456789 | 38d | |
| 38e | Casualty and theft losses (from Worksheet NR-5 or PY-5) | 123456789 | 38e | |
| 38f | Miscellaneous deductions (from Worksheet NR-6 or PY-6) | 123456789 | 38f | 123456789 |
| 40a | If you checked filing status box: [1, enter \$1,500 3, enter \$950] [2 or 5, enter \$1,900 4, enter \$1,650] | 123456789 | 40a | |
| 40b | Multiply line 40a by the ratio on line 37 | 123456789 | 40b | |
| 41 | Line 36, Column B minus line 39 or 40b, whichever applies. (This line MUST be filed in)..... | | 41 | |
| 42a | Multiply \$1,040 by the total number of exemptions claimed on line 6a. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s) <input checked="" type="checkbox"/> Yourself <input checked="" type="checkbox"/> Spouse and see page 25 of the Instructions | 123456789 | 42a | |
| 42b | Multiply line 42a by the ratio on line 37 | 123456789 | 42b | |
| 43 | Taxable Income. Line 41 minus line 42b (but not less than zero)..... | | 43 | |
| 44 | Tax. Fill in oval if from: <input checked="" type="checkbox"/> Tax Table; <input checked="" type="checkbox"/> Tax Rate Schedule; <input checked="" type="checkbox"/> Form N-168; <input checked="" type="checkbox"/> Form N-615; or <input checked="" type="checkbox"/> Capital Gains Tax Worksheet on page 40 of the Instructions. Enter the net capital gain from the Capital Gains Tax Worksheet, line 14..... | 123456789 | 44 | |
| | (<input checked="" type="checkbox"/> include separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-405, N-586, or N-314) | | 44 | |
| 45 | Total nonrefundable tax credits (attach Schedule CR)..... | | 45 | |
| 46 | Line 44 minus line 45 (but not less than zero)..... | | 46 | |
| 47 | Hawaii State Income tax withheld, and tax withheld on Forms N-2 or N-4..... | 123456789 | 47 | |
| 48 | 2005 estimated tax payments on Forms N-1 12345 ; N-283A 12345 | 123456789 | 48 | |

ID No 12



N15-E05-4

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

123 - 45 - 6789

Name(s)

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

49 Amount of estimated tax applied from 2004 return 49 123456789

50 Amount paid with extension(s) 50 123456789

51 Low-Income Refundable Tax Credit
(attach Schedule X) DHS, etc. exemptions 12 51 12345678952 Credit for Low-Income Household
Renters (attach Schedule X) 52 12345678953 Credit for Child and Dependent Care
Expenses (attach Schedule X) 53 12345678954 Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice) 54 12345678955 Total refundable tax credits from
Schedule CR (attach Schedule CR) 55 X 123456789

56 Add lines 47 through 55 Total Payments and Credits > 56 X 123456789

57 If line 56 is larger than line 46, enter the amount OVERPAID (line 56 minus line 46) 57 123456789

58 Amount of line 57 to be applied to
your 2006 ESTIMATED TAX 58 123456789

59 Line 57 minus line 58 59 123456789

60 Contributions to (See Instructions): Yourself Spouse

60a Hawaii Schools Repairs and Maintenance Fund X \$2 X \$2

60b Hawaii Public Libraries Fund X \$2 X \$2

60c Domestic Violence / Child Abuse and Neglect Funds X \$5 X \$5

61 Add the amounts relating to the filled ovals on lines 60a through 60c and enter here 61 12

62 Amount to be REFUNDED TO YOU (line 59 minus line 61) if filing late,
see page 30 of Instructions 62 123456789

63 AMOUNT YOU OWE (line 46 minus line 56). Send Form N-200V with your payment. 63 123456789

64 Estimated tax penalty. (See page 30 of Instructions)
Do not include this amount in line 57 or 63. Fill in
this oval if Form N-210 is attached > X 64 123456789

65 If you would like us to mail you a packet of forms for next year's filing, please fill in this oval. X

If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of
attorney. See page 31 of the instructions.

123-123-4567

Designee's name > DESIGNEE'S NAMEXXX Phone no. > Identification number > 123456789

HAWAII ELECTION
CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund? X Yes X No

If joint return, does your spouse want \$2 to go to the fund? X Yes X No

Note: Filing in the "Yes"
oval will not increase your
tax or reduce your refund.DECLARATION -- I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or state-
ments) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for
the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

Your signature

Date

Your occupation

Daytime Phone Number

MM/DD/YYYY TAXPAYER'S OCCXXX (123123-4567

Spouse's signature (if filing jointly, BOTH must sign)

Date

Spouse's occupation

MM/DD/YYYY SPOUSE'S OCCXXXXX

Preparer's

Date

Check if
self-employed > X

Preparer's identification number

Signature >

MM/DD/YYYY

P12345678

Paid
Preparer's
Information

Print

Preparer's Name > PREPARER'S NAMEXXXXXXXXXXXXXXXXXX

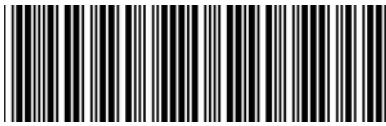
Federal E.I. No. > 12-3456789

Firm's name (or yours
if self-employed), >

FIRM'S NAMEXXXXXXXXXXXXXXXXXX

Phone No. > 123-123-4567

FIRM'S ADDRESS AND ZIP CODE



N15-E05-1

FORM
N-15
(Rev. 2005)STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
NONRESIDENT and PART-YEAR RESIDENT
Calendar Year 2005
OR

Tax Year MM / DD / YY thru MM / DD / YY

FOR OFFICE USE ONLY ☐ PNT ☐ INT

| | | |
|--|--|--|
| | | |
|--|--|--|

Please Print in Black Ink, Enter One Letter Or Number In Each Box.
Fill In Ovals Completely. Do NOT Submit a Photocopy!!► Fill in the applicable oval(s): • ☒ Part-Year Resident • ☒ Nonresident • ☒ Nonresident or Dual-Status Alien

Place label here ↓

Your First name M.I. Your Last Name
TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXXSpouse's First name M.I. Spouse's Last name
SPOUSE'S FIRST NAME, M.I. LAST NAMEXXXXXCare Of (See Instructions, page 7.)
CARE OF NAME FOR MAILING ADDRESSXXXXXXXXXXPresent mailing or home address (Number and street, including Rural Route)
TAXPAYER'S MAILING OR HOME ADDRESSXXXXXXCity, town or post office. State ZIP code
CITY, STATE XXXXXXXXXXXXXXXX ZIP CODEIf Foreign address, enter Province and/or State Country
FOREIGN ADDRESSXXXXXXXXXX COUNTRYXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX

♦ IMPORTANT — Complete this Section ♦

Enter the first four letters
of your last name. XXXX
Use **ALL CAPITAL** letters

Your Social Security Number 123 - 45 - 6789

Enter the first four letters
of your Spouse's last name. XXXX
Use **ALL CAPITAL** letters

Spouse's Social Security Number 123 - 45 - 6789

Fill In applicable oval, if appropriate

☒ First Time Filer ☒ Address or Name Change

ATTACH A COPY OF YOUR 2005 FEDERAL INCOME TAX RETURN

(Fill in only ONE oval)

- | | |
|---|---|
| 1 <input checked="" type="radio"/> Single | 4 <input checked="" type="radio"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. QUALIFYING PERSON XXX <input type="text"/> |
| 2 <input checked="" type="radio"/> Married filing joint return (even if only one had income). | |
| 3 <input checked="" type="radio"/> Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. • MFS SPOUSE'S NAMEXXXXXXXXXX | 5 <input checked="" type="radio"/> Qualifying widow(er) with dependent child. Enter the year your spouse died • YYYY |

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), **DO NOT** fill in oval 6a, but be sure to fill in the oval below line 37.

| | | | |
|---|--|--|---|
| 6a <input checked="" type="radio"/> Yourself..... | <input checked="" type="radio"/> Age 65 or over..... | } Enter the number of ovals filled on 6a and 6b..... | 1 |
| 6b <input checked="" type="radio"/> Spouse..... | <input checked="" type="radio"/> Age 65 or over..... | | |

If you filled ovals 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, fill in this oval

☒

| 6c and 6d | Dependents: 1. First and last name | If more than 6 dependents use attachment | 2. Dependent's social security number | 3. Relationship | |
|-----------|---------------------------------------|---|--|-----------------|--|
| 1 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | Enter number of your children listed ... 6c 12 |
| 2 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | Enter number of other dependents 6d 12 |
| 3 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | |
| 4 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | |
| 5 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | |
| 6 | DEPENDENT | NAMEXXXXXXXXXX | 123-45-6789 | RELATIONSHIP | |

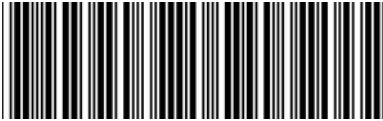
6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above. 6e 12

ID No 12

FORM N-15

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE •



N15-E05-2

Form N-15 (Rev. 2005)

Page 2 of 4

Your Social Security Number

123 - 45 - 6789

Your Spouse's SSN

123 - 45 - 6789

Name(s)

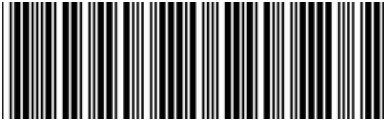
TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

If amount is negative (loss), shade the minus (-) in box. Example: 

Col. A - Total Income

Col. B - Hawaii Income

| | | | | | | |
|----|---|---|-----------|-----|---|-----------|
| 7 | Wages, salaries, tips, etc. (attach Form(s) W-2) | | 123456789 | 7● | | 123456789 |
| 8 | Interest income from the worksheet on page 37 of the Instructions | | 123456789 | 8● | | 123456789 |
| 9 | Ordinary dividends | | 123456789 | 9● | | 123456789 |
| 10 | State income tax refund from the worksheet on page 37 of the Instructions | | 123456789 | 10● | | 123456789 |
| 11 | Alimony received | | 123456789 | 11 | | 123456789 |
| 12 | Business or farm income or (loss) | X | 123456789 | 12● | X | 123456789 |
| 13 | Capital gain or (loss) from the worksheet on page 37 of the Instructions | X | 123456789 | 13● | X | 123456789 |
| 14 | Supplemental gains or (losses) (attach Schedule D-1) | X | 123456789 | 14 | X | 123456789 |
| 15 | IRA distributions | | 123456789 | 15● | | 123456789 |
| 16 | Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-12/N-15/N-40) | | 123456789 | 16● | | 123456789 |
| 17 | Rents, royalties, partnerships, estates, trusts, etc. | X | 123456789 | 17● | X | 123456789 |
| 18 | Unemployment compensation (insurance). | | 123456789 | 18● | | 123456789 |
| 19 | Other income (state nature and source) STATE NATURE OF OTHER INCOME XXXXXXXXXXXXXXXX | X | 123456789 | 19● | X | 123456789 |
| 20 | Add lines 7 through 19 Total Income ➤ | X | 123456789 | 20● | X | 123456789 |
| 21 | Educator expenses | | 123456789 | 21 | | 123456789 |
| 22 | Certain business expenses of reservists, performing artists, and fee-basis government officials | | 123456789 | 22 | | 123456789 |
| 23 | IRA deduction | | 123456789 | 23 | | 123456789 |
| 24 | Student loan interest deduction from the worksheet on page 41 of the Instructions | | 123456789 | 24 | | 123456789 |
| 25 | Health savings account deduction | | 123456789 | 25 | | 123456789 |
| 26 | Moving expenses (attach Form N-139) | | 123456789 | 26 | | 123456789 |
| 27 | One-half of self-employment tax | | 123456789 | 27● | | 123456789 |
| 28 | Self-employed health insurance deduction | | 123456789 | 28 | | 123456789 |
| 29 | Self-employed SEP, SIMPLE, and qualified plans | | 123456789 | 29 | | 123456789 |
| 30 | Penalty on early withdrawal of savings | | 123456789 | 30 | | 123456789 |
| 31 | Alimony paid (Enter name and SS No. of recipient) NAME OF ALIMONY RECIPIENT | | 123456789 | 31 | | 123456789 |
| | 123-45-6789 | | | | | |
| 32 | Payments to an individual housing account | | 123456789 | 32● | | 123456789 |



Your Social Security Number

123 - 45 - 6789

Your Spouse's SSN

123 - 45 - 6789

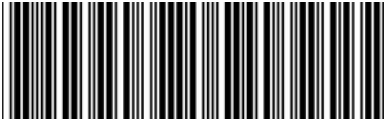
Name(s)

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

N15-E05-3

| | | | | |
|-----|---|-------------------------------------|-----------|-------------|
| 33 | First \$2,594 of military reserve or Hawaii national guard duty pay..... | 123456789 | 33● | 123456789 |
| 34 | Exceptional trees deduction (attach affidavit) (see page 19 of the Instructions)..... | 123456789 | 34● | 123456789 |
| 35 | Add lines 21 through 34..... Total Adjustments ▶ | 123456789 | 35● | 123456789 |
| 36 | Line 20 minus line 35..... Adjusted Gross Income ▶ | X 123456789 | ●36● | X 123456789 |
| 37 | Ratio of Hawaii AGI to Total AGI. Divide line 36, Column B, by line 36, Column A (Compute to 3 decimal places and round to 2 decimal places) | | 37● | 1.12 |
| | CAUTION: If you can be claimed as a dependent on another person's return, fill in this oval ● X and see the Instructions on page 19. | | | |
| 38 | If you do not itemize deductions, enter zero on line 39 and go to line 40a. Otherwise go to page 19 of the Instructions and enter your Hawaii itemized deductions here. | | | |
| 38a | Medical and dental expenses (from Worksheet NR-1 or PY-1) | 38a● | 123456789 | |
| 38b | Taxes (from Worksheet NR-2 or PY-2) | 38b● | 123456789 | |
| 38c | Interest expense (from Worksheet NR-3 or PY-3)..... | 38c● | 123456789 | |
| 38d | Contributions (from Worksheet NR-4 or PY-4)..... | 38d● | 123456789 | |
| 38e | Casualty and theft losses (from Worksheet NR-5 or PY-5) | 38e● | 123456789 | |
| 38f | Miscellaneous deductions (from Worksheet NR-6 or PY-6) | 38f● | 123456789 | 123456789 |
| 40a | If you checked filing status box: [1, enter \$1,500 3, enter \$950 2 or 5, enter \$1,900 4, enter \$1,650] | 40a | 123456789 | |
| 40b | Multiply line 40a by the ratio on line 37 | ▶ 40b● | | 123456789 |
| 41 | Line 36, Column B minus line 39 or 40b, whichever applies. (This line MUST be filled in) | 41● | | X 123456789 |
| 42a | Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, fill in the applicable oval(s) ● X Yourself ● X Spouse and see page 25 of the Instructions | 42a | 123456789 | 123456789 |
| 42b | Multiply line 42a by the ratio on line 37 | Prorated Exemption(s) ▶ 42b● | | 123456789 |
| 43 | Taxable Income. Line 41 minus line 42b (but not less than zero)..... | Taxable Income ▶ 43● | | |
| 44 | Tax. Fill in oval if from: X Tax Table; X Tax Rate Schedule; X Form N-168; X Form N-615; or X Capital Gains Tax Worksheet on page 40 of the Instructions. Enter the net capital gain from the Capital Gains Tax Worksheet, line 14 | 44a● | 123456789 | |
| | (● X include separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-405, N-586, or N-814) | Tax ▶ 44● | | 123456789 |
| 45 | Total nonrefundable tax credits (attach Schedule CR)..... | 45 | | 123456789 |
| 46 | Line 44 minus line 45 (but not less than zero)..... | Balance ▶ 46 | | 123456789 |
| 47 | Hawaii State Income tax withheld, and tax withheld on Forms N-2 or N-4..... | 47● | 123456789 | |
| 48 | 2005 estimated tax payments on Forms N-1 12345 ; N-288A 12345 | 48● | 123456789 | |

ID No 12



N15-E05-4

Your Social Security Number

123 - 45 - 6789

Your Spouse's SSN

123 - 45 - 6789

Name(s)

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

- 49 Amount of estimated tax applied from 2004 return.....49● 123456789
- 50 Amount paid with extension(s)50● 123456789
- 51 Low-Income Refundable Tax Credit
(attach Schedule X) **DHS, etc. exemptions** ● 12 51● 123456789
- 52 Credit for Low-Income Household
Renters (attach Schedule X)52● 123456789
- 53 Credit for Child and Dependent Care
Expenses (attach Schedule X)53● 123456789
- 54 Credit for Child Passenger Restraint
System(s) (attach a copy of the invoice)54● 123456789
- 55 Total refundable tax credits from
Schedule CR (attach Schedule CR).....55 **X** 123456789
- 56 Add lines 47 through 55.....**Total Payments and Credits** ► 56● **X** 123456789
- 57 If line 56 is larger than line 46, enter the amount **OVERPAID** (line 56 minus line 46) 57● 123456789
- 58 Amount of line 57 to be **applied** to
your **2006 ESTIMATED TAX**.....58● 123456789
- 59 Line 57 minus line 58 59● 123456789
- 60 **Contributions to** (See Instructions):
- | | Yourself | Spouse |
|--|----------------|----------------|
| 60a Hawaii Schools Repairs and Maintenance Fund..... | ● X \$2 | ● X \$2 |
| 60b Hawaii Public Libraries Fund..... | ● X \$2 | ● X \$2 |
| 60c Domestic Violence / Child Abuse and Neglect Funds..... | ● X \$5 | ● X \$5 |
- 61 Add the amounts relating to the filled ovals on lines 60a through 60c and enter here 61 12
- 62 Amount to be **REFUNDED TO YOU** (line 59 minus line 61) If filing late,
see page 30 of Instructions 62● 123456789
- 63 **AMOUNT YOU OWE** (line 46 minus line 56). Send Form N-200V with your payment. 63● 123456789
- 64 Estimated tax penalty. (See page 30 of Instructions.)
Do not include this amount in line 57 or 63. Fill in
this oval if Form N-210 is attached ► ● **X**64● 123456789
- 65 If you would like us to mail you a packet of forms for next year's filing, please fill in this oval● **X**

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 31 of the Instructions.

Designee's name ► 123-123-4567 Identification number ► 123456789

HAWAII ELECTION CAMPAIGN FUND

Do you want \$2 to go to the Hawaii Election Campaign Fund? **X** Yes **X** No
If joint return, does your spouse want \$2 to go to the fund? **X** Yes **X** No

Note: Filing in the "Yes" oval will not increase your tax or reduce your refund.

DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

Your signature ► Date MM/DD/YYYY Your occupation TAXPAYER'S OCCXXX Daytime Phone Number (123)123-4567

Spouse's signature (if filing jointly, BOTH must sign) ► Date MM/DD/YYYY Spouse's occupation SPOUSE'S OCCXXXXX

Paid Preparer's Information Preparer's Signature ► Date MM/DD/YYYY Check if self-employed ► **X** Preparer's identification number P12345678

Print Preparer's Name ► PREPARER'S NAMEXXXXXXXXXXXXXXXXX Federal E.I. No. ► 12-3456789

Firm's name (or yours if self-employed), ► FIRM'S NAMEXXXXXXXXXXXXXXXXX Phone No. ► 123-123-4567

FIRM'S ADDRESS AND ZIP CODE



Schedule CR
(Rev. 2005)

STATE OF HAWAII—DEPARTMENT OF TAXATION

SCHEDULE OF TAX CREDITS

TAX YEAR
2005

CR-E05-01

or other tax year beginning MM / DD / YYYY and ending MM / DD / YYYY

Name(s) as shown on return

SSN(s) or Federal Employer I.D. No.

TAXPAYER'S LAST NAME, FIRST NAME XXXXXXXX

123456789

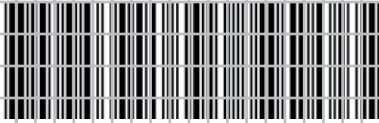
Attach this schedule directly behind Form N-11, N-12, N-15, N-30, or N-70NP

Part I Nonrefundable Tax Credits

- | | | | |
|----|--|-----|-----------|
| 1 | Income tax paid to another state or foreign country (N-11, N-12, N-15, & N-70NP filers) | 10 | 123456789 |
| 2 | Carryover of the Energy Conservation Tax Credit (attach Form N-157) | 20 | 123456789 |
| 3 | Enterprise Zone Tax Credit (attach Form N-756) | 30 | 123456789 |
| 4 | Low-Income Housing Tax Credit (attach Form N-586) | 40 | 123456789 |
| 5 | Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884) | 50 | 123456789 |
| 6 | High Technology Business Investment Tax Credit (attach Form N-318) | 60 | 123456789 |
| 7 | Individual Development Account Contribution Tax Credit (attach Form N-320) | 70 | 123456789 |
| 8 | Technology Infrastructure Renovation Tax Credit (attach Form N-326) | 80 | 123456789 |
| 9 | Credit for School Repair and Maintenance (attach Form N-330) | 90 | 123456789 |
| 10 | Hotel Construction and Remodeling Tax Credit (attach Form N-314) | 100 | 123456789 |
| 11 | Carryover of the Residential Construction and Remodeling Tax Credit (attach Form N-332) | 110 | 123456789 |
| 12 | Renewable Energy Technologies Income Tax Credit (attach Form N-334) Fill in the appropriate oval to indicate the type of energy system installed and placed in service: <input checked="" type="radio"/> Solar Thermal <input checked="" type="radio"/> Wind Powered <input checked="" type="radio"/> Photovoltaic | 120 | 123456789 |
| 13 | Ko Olina Resort and Marina Attractions and Educational Facilities Tax Credit (attach Form N-335) | 13 | 123456789 |
| 14 | Total Nonrefundable Credits. Add Lines 1 through 13. Enter here and on Form N-11, Line 28; N-12, Line 43; N-15, Line 45; N-30, Line 12; or N-70NP, Line 15. <i>Attach this schedule directly behind your Form N-11, N-12, N-15, N-30, or N-70NP.</i> | 140 | 123456789 |

Schedule CR
(Rev. 2005)

Page 2



CR-E05-02

Name(s) as shown on return

SSN(s) or Federal Employer I.D. No.

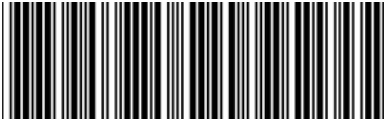
TAXPAYER'S LAST NAME,
FIRST NAME XXXXXXXX

123456789

Part II Refundable Tax Credits

If amount is a negative, shade the minus (-) in the box. Example: --

| | | | |
|-----|---|------|-------------|
| 15 | Capital Goods Excise Tax Credit (attach Form N-312) | 15● | 123456789 |
| 16 | 16 Fuel Tax Credit for Commercial Fishers (attach Form N-163)..... | 16● | 123456789 |
| 17 | 17 Hotel Construction and Remodeling Tax Credit (attach Form N-314) | 17● | 123456789 |
| 18 | 18 Motion Picture and Film Production Income Tax Credit (attach Form N-316) ... | 18● | 123456789 |
| 19 | 19 Tax Credit for Research Activities (attach Form N-319) | 19● | 123456789 |
| 20 | 20 Drought Mitigating Water Storage Facility Income Tax Credit (attach Form N-328) | 20● | 123456789 |
| 21 | 21 Ethanol Facility Tax Credit (attach Form N-324)..... | 21● | 123456789 |
| 22 | 22 Other refundable credits | | |
| 22a | a. Pro rata share of taxes withheld and paid by a partnership, estate, trust, or S corporation on the sale of Hawaii real property interests | 22a | 123456789 |
| 22b | b. Credit From a Regulated Investment Company | 22b | 123456789 |
| 22c | c. Add lines 22a and 22b | 22c● | X 123456789 |
| 23 | 23 Total Refundable Credits. Add Lines 15 through 21 and Line 22c. Enter here and on Form N-11, Line 38; N-12, Line 53; N-15, Line 55; N-30, Line 14(d); or N-70NP, Line 17(d). Attach this schedule directly behind your Form N-11, N-12, N-15, N-30, or N-70NP. | 23 | X 123456789 |



CR-E05-01

Schedule CR
(Rev. 2005)

STATE OF HAWAII—DEPARTMENT OF TAXATION

SCHEDULE OF TAX CREDITS**TAX YEAR**
2005

or other tax year beginning MM / DD / YYYY and ending MM / DD / YYYY

Name(s) as shown on return

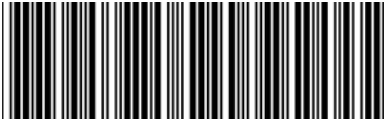
TAXPAYER'S LAST NAME, FIRST NAME XXXXXXXX

SSN(s) or Federal Employer I.D. No.

123456789

Attach this schedule directly behind Form N-11, N-12, N-15, N-30, or N-70NP**Part I Nonrefundable Tax Credits**

- | | | | |
|----|--|-----|-----------|
| 1 | Income tax paid to another state or foreign country (N-11, N-12, N-15, & N-70NP filers)..... | 1● | 123456789 |
| 2 | Carryover of the Energy Conservation Tax Credit (attach Form N-157) | 2● | 123456789 |
| 3 | Enterprise Zone Tax Credit (attach Form N-756) | 3● | 123456789 |
| 4 | Low-Income Housing Tax Credit (attach Form N-586) | 4● | 123456789 |
| 5 | Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884) | 5● | 123456789 |
| 6 | High Technology Business Investment Tax Credit (attach Form N-318) | 6● | 123456789 |
| 7 | Individual Development Account Contribution Tax Credit (attach Form N-320) | 7● | 123456789 |
| 8 | Technology Infrastructure Renovation Tax Credit (attach Form N-326)..... | 8● | 123456789 |
| 9 | Credit for School Repair and Maintenance (attach Form N-330) | 9● | 123456789 |
| 10 | Hotel Construction and Remodeling Tax Credit (attach Form N-314) | 10● | 123456789 |
| 11 | Carryover of the Residential Construction and Remodeling Tax Credit (attach Form N-332) | 11● | 123456789 |
| 12 | Renewable Energy Technologies Income Tax Credit (attach Form N-334) Fill in the appropriate oval to indicate the type of energy system installed and placed in service: ● <input checked="" type="radio"/> Solar Thermal ● <input checked="" type="radio"/> Wind Powered ● <input checked="" type="radio"/> Photovoltaic | 12● | 123456789 |
| 13 | Ko Olina Resort and Marina Attractions and Educational Facilities Tax Credit (attach Form N-335) | 13 | 123456789 |
| 14 | Total Nonrefundable Credits. Add Lines 1 through 13. Enter here and on Form N-11, Line 28; N-12, Line 43; N-15, Line 45; N-30, Line 12; or N-70NP, Line 15. <i>Attach this schedule directly behind your Form N-11, N-12, N-15, N-30, or N-70NP.</i> | 14● | 123456789 |



CR-E05-02

Schedule CR
(Rev. 2005)

Page 2

Name(s) as shown on return

TAXPAYER'S LAST NAME,
FIRST NAME XXXXXXXX

SSN(s) or Federal Employer I.D. No.

123456789

Part II Refundable Tax Credits

If amount is a negative, shade the minus (-) in the box. Example: ☐

| | | | | | |
|----|--|------|---|-----------|-------------|
| 15 | Capital Goods Excise Tax Credit (attach Form N-312) | 15● | | 123456789 | |
| 16 | Fuel Tax Credit for Commercial Fishers (attach Form N-163)..... | 16● | | 123456789 | |
| 17 | Hotel Construction and Remodeling Tax Credit (attach Form N-314) | 17● | | 123456789 | |
| 18 | Motion Picture and Film Production Income Tax Credit (attach Form N-316)... | 18● | | 123456789 | |
| 19 | Tax Credit for Research Activities (attach Form N-319) | 19● | | 123456789 | |
| 20 | Drought Mitigating Water Storage Facility Income Tax Credit (attach Form N-328) | 20● | | 123456789 | |
| 21 | Ethanol Facility Tax Credit (attach Form N-324)..... | 21● | | 123456789 | |
| 22 | Other refundable credits | | | | |
| a. | Pro rata share of taxes withheld and paid by a partnership, estate, trust, or S corporation on the sale of Hawaii real property interests | 22a | | 123456789 | |
| b. | Credit From a Regulated Investment Company | 22b | | 123456789 | |
| c. | Add lines 22a and 22b | 22c● | X | 123456789 | |
| 23 | Total Refundable Credits. Add Lines 15 through 21 and Line 22c. Enter here and on Form N-11, Line 38; N-12, Line 53; N-15, Line 55; N-30, Line 14(d); or N-70NP, Line 17(d). <i>Attach this schedule directly behind your Form N-11, N-12, N-15, N-30, or N-70NP.</i> | | | 23 | X 123456789 |